

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: R.J. Enterprises
BUSINESS STREET ADDRESS: 11601 SW 26th CT ZIP 33330
BUSINESS MAILING ADDRESS: _____ ZIP _____
BUSINESS PHONE: 954 424-5352
DESCRIBE TYPE OF BUSINESS: Music School / Internet office
BUSINESS IS: Corporation _____ Sole Proprietor _____ Partnership ☒

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Rolando S. Jones</u>	<u>11601 SW 26th CT</u>	<u>Davie, 33330</u>	<u>954-423-5352</u>
2. <u>Lori L. Jones</u>	<u>11601 SW 26th CT</u>	<u>Davie, 33330</u>	<u>954-423-5352</u>

Federal ID Number or Social Security Number 595-10-3409

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2000, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Lori L. Jones, President _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>4/3/00</u> Category <u>116208</u> Fee <u>52.50</u> Rec# <u>194375</u> New <input checked="" type="checkbox"/> Trans _____			
License # _____	Control # _____	Zoning <u>R-1</u>	
Council approval Required _____	Yes _____ No _____	Zoning Approval _____	Date _____
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
TOWN CLERK APPROVAL _____			